

Assessing American Indian Suicide Risk:

Can Screening Be Culturally Sensitive?

By National Institute of Justice Staff

Authors' Note: *Points of view expressed in this article do not represent the official position or policies of the U.S. Department of Justice.*

When detainees are screened during admission for suicide risk, their culture may make a difference in the outcome of the assessment. For any group of people, culture — or way of life — is the prism through which group members see the world and respond to it. Culture shapes people's view of concepts like trust and authority, and can even affect their perceptions of physical and mental health. With the help of researchers, the administrator of a jail in the Northern Plains area of the United States found out the power of culture in identifying suicide risk. The rate of suicidal behavior at this facility was high, and the administrator called in the researchers to try to find the reason.

American Indians are the dominant cultural minority at the facility, which is located near a reservation. The American Indian inmates in this Northern Plains jail were significantly different from the other inmates in several ways. They were more likely to be older; have more children; be unemployed or underemployed; have had more alcohol-related charges; have been arrested more often; have served more time in jail; have been hospitalized more often for alcohol problems; and have used more services for emotional and other health problems in the recent past.

Additionally, among the female detainees, many more were American Indian than not.

According to the Bureau of Justice Statistics, suicide is the second leading cause of death among jail detainees. However, until now, there have been no studies of suicide behavior among American Indians in jail. In this study, the researchers turned out to be wrong about one of their assumptions — that suicidal thoughts

and gestures ("suicide ideation") were more prevalent among the American Indians than the non-American Indian majority at the facility. Nevertheless, the problem was still compelling, not only because American Indians have the highest jail confinement rate of any racial group,¹ but also because they are two and one-half times more likely than Americans in general to take their own lives.²

What Detainees Think Of the Screening

In the two-year study,³ sponsored by the National Institute of Justice, the researchers found that the detainees, whether American Indian or not, were not completely candid in answering screening questions about such matters as suicidal behavior, family history of suicide, hopelessness and anxiety. The researchers also found that the interview process itself — the way the questions are worded and the setting of the interview — is just as important as the nature of the questions in eliciting candor. This was especially true for the American Indian detainees.

The researchers found that the American Indians tended to be less open than other detainees when asked about their physical and mental health, and use of drugs and alcohol. In other ways, the responses of the groups were similar: they were both concerned that a uniformed stranger conducts the screening, that the process is sometimes rushed and that the setting is not always private. They thought many of the questions were intrusive because they dealt with intensely personal matters. They also said that they fear the consequences of admitting to being suicidal or otherwise harmful to themselves. Although they agreed that the questions needed to be asked, they did not feel at ease in answering them because of the absence of a caring and empathetic dialog between interviewer and inter-

viewee. Detainees also said that the reason they were not candid was not because of a deliberate attempt at dishonesty, but because of discomfort from the questions, setting, etc.

Culture's Affect On Responses

American Indians were found to be different from other detainees in how they described the framing or wording of the questions. These differences stem partly from their culturally distinctive concepts of psychiatric or psychological problems and mental health. For example, American Indians are more inclined to accept someone's social deviance than to label the person as mentally ill. In some American Indian communities, the notion of mental health is not the same as in "white" culture; mental illness is considered a white person's disease. This means that if an American Indian detainee is asked about his or her mental health history, the individual may not interpret the question the same way the interviewer does. American Indians' concept of respect, also different from that of mainstream culture, prohibits prying deeply into the innermost thoughts and feelings of another person, as would be done in suicide screening immediately after arrival in a facility.

The researchers noted that in the Northern Plains American Indians' traditional view of communication, asking direct questions about such negative subjects as suicidal behavior may actually produce the behavior. They believe it can allow spirits to enter the person's essence, producing "ghost illness." Some American Indian detainees suggested that a direct question about whether a person was thinking about killing himself could be more positively framed as "You feeling all right?" or "Do you feel that you can make it?"

Of course, history also colors American Indians' worldview. For

example, the researchers noted that the uniformed officer (often a white person) who conducts the screening interview is an authority figure who may symbolize longstanding oppression. Building trust under such circumstances may be difficult. For the American Indian detainees, the act of deception may be a passive way to register objection. They indicated that if a trusting relationship with the officer has been established, especially one in which the officer expresses concern about the detainee's well-being, there will be more readiness to answer otherwise intrusive questions about physical and mental health, and use of drugs and alcohol.

The Setting and the Interviewer

The researchers assumed that the personal and professional characteristics of the interviewer and the setting of the interview might make a difference. In the standard screening procedure, a uniformed officer interviews the detainee in a setting that allows little privacy. This standard protocol was compared with two others: one in which the interview was conducted by a civilian in a private setting, and one in which the interviewer was an American Indian. There turned out to be no differences between American Indians and other detainees. In the two alternate protocols, both groups were more open to answering questions about their physical and mental health, and use of drugs and alcohol. A private setting also made them feel more at ease.

Toward Culturally Sensitive Screening

The study was exploratory and the results are not conclusive, but they suggest it would be useful to explore the development of assessment tools geared toward the culture of specific subgroups. Screening procedures and practices are based on the assumption that risk assessment and risk prediction are transcultural and transracial. The American Indian detainees at the facility studied had many culture-specific and unique perspectives on and interpretations of the screening. The findings indicate that a one-size-fits-all approach to screening, used in a nonpersonalized way, will not adequately assess suicidal

behavior among people of any culture, especially American Indians.

This study looked only at Northern Plains tribes. Northern Plains American Indians are similar to other American Indians in some ways, the most important of which is a shared history of subjugation. For this reason, the findings may apply to other American Indian populations, although local experiences could vary by tribe.

The wording of the questionnaire is only one aspect of screening. Privacy in the interview setting and a trusting relationship with the interviewer are just as essential in eliciting candid responses. In their lack of full disclosure during screening, all detainees are not being dishonest, per se; while on the face of it, their responses may not be fully honest, that is their way of honestly commenting on a process with which they do not feel fully at ease.

In the course of the study, the researchers found that the detainees, both American Indians and others, had experienced many traumatic events during the course of their lives. This was even more so for detainees who were suicidal: more than 90 percent of them noted at least one such event (e.g., a life-threatening illness). Thus far, trauma has not been identified as a risk factor for jail suicide, but the finding from this study indicates that trauma could be included in suicide assessments.

ENDNOTES

¹ The jail confinement rate of American Indians is cited in Greenfield, L., and S.K. Smith. 1999. *American Indians and crime*. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.

American Indians' rate of incarceration in both prisons and jails is 15 percent higher than the overall national rate, according to Minton, T.D. 2003. *Jails in Indian country*, 2002. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.

² Centers for Disease Control and Prevention. 1997. Regional variations in suicide rates — United States, 1990-1994. *Morbidity and Mortality Weekly Report*, 46(34):789-793.

³ The full report of this study, *Assessing Suicide and Risk Behaviors in an Incarcerated American Indian Population: Investigating Culturally Sensitive Risk Assessment Instruments and Procedures in a Border Jail*, by Margaret Severson and Christine Wilson Duclos (June 2003), is available for free downloading at www.ncjrs.org/pdffiles1/nij/grants/199363.pdf.

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² For a more detailed review of case law through early 2001, see: Strip searches of arrestees incident to booking into jail is most controversial and litigated correctional search issue. 2001. *Correctional Law Reporter*, 13(June/July):3.

³ *Giles v. Ackerman*, 746 F.2d 614 (9th Cir., 1984), cert denied 471 U.S. 1053(1985)

Logan, supra, n. 1

Weber v. Dell, 814 F.2d 796 (2d Cir., 1986), cert denied sub nom *County of Monroe v. Weber*, 483 U.S. 1020 (1986)

⁴ 354 F.3d 57 (1st Cir., 2003)

⁵ 354 F.3d at 60

⁶ XIII *Correctional Law Reporter* at 4.

⁷ 377 F.3d 961 (7th Cir., 2003)

⁸ 377 F.3d at 964, citing *Bell v. Wolfish*, 441 U.S.520, 559 (1979)

⁹ 337 F.3d at 966

¹⁰ 377 F.3d at 967

¹¹ 354 F.3d at 63

¹² *Roberts v. Rhode Island*, 239 F.3d 107 (1st Cir., 2001)

Chapman v. Nichols, 989 F.2d 393 (10th Cir., 1993)

Walsh v. Franco, 849 F.2d 66 (2d Cir., 1988) (finding that it was "clearly established" in the 1980s that placement in the general population did not justify a blanket strip-search policy)

Giles v. Ackerman, supra, n. 3.

¹³ 823 F.2d 955 (6th Cir., 1987)

¹⁴ *Masters v. Crouch*, 872 F.2d 1248, 1254 (6th Cir., 1989)

Stanley v. Henderson, 377 F.3d 961 (7th Cir., 2003)

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